



Jennifer Wilson
Salt Lake County Mayor

January 19, 2024

Kelly Colopy
Human Services
Department Director

To Whom It May Concern:

**Division of Behavioral
Health Services**

We are submitting the following Conflict of Interest Disclosure Statements for Behavioral Health Services.

Timothy M. Whalen
Director

- Angelica Cervantes, First Choice Home Health, and Hospice
- Jean Edens, Utah Health Policy, and Project/ Board Member
- Jodi Galino Delaney, Bloomquist Hale Solutions/ Therapist
- Nancy Kessel, Salt Lake County Aging and Adult Services Meals on Wheels Program/ Volunteer
- Vicky Westmoreland, Center for Resiliency and Recovery/ Owner/Therapist
- Ray Barrett, Lifeline Behavioral Health/ Controller
- Lauren Syphus, BetterHelp.com/Independent Contractor
- Lauren Syphus, University of Utah Hospital/PRN Contractor

Administration Office
2001 South State Street
Suite S2-300
PO Box 144575
Salt Lake City, Utah 84114-4575

(385) 468-4707 front desk
(385) 468-4740 fax line

<https://slco.org/behavioral-health/>

Tim Whalen Digitally signed by Tim Whalen
Date: 2024.02.06 15:55:23
-07'00'

Director Timothy Whalen or Designee
Behavioral Health Services

Director Human Services or Designee

Mayor's Office Designee

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Anna Cervantes Behavior Health Services-SLCO 385-468-4735
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street S2-300, Salt Lake Utah 84115

Covered Person's County Address/Volunteer's Address

B. First Choice Home Health and Hospice
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
employer

Covered person's status, relationship or commitment to the institution, entity, business or person named above

Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

FCHHH is a company that helps a population that more than likely will not be in a position utilizing BHS due to home bound status, likelihood of being on hospice, with illness, or in a residential facility.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 11 day of January, 2024
Date Month Year

Salt Lake County
at _____
City or other location, and state or county

Anna Cervantes
Printed Name
Anna Cervantes Digitally signed by Anna Cervantes
Date: 2024.01.11 13:24:48 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. Jeannie Edens Associate Director, Behavioral Health Services 801-703-8080
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St, #S2-300, Salt Lake City, Ut 84190

Covered Person's County Address/Volunteer's Address

B. Utah Health Policy Project
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Board Member

Covered person's status, relationship or commitment to the institution, entity, business or person named above

2369 W Orton Circle, Suite 20, West Valley, UT 84119

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

I am a board member of this organization.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 8th day of January, 2024
Date Month Year

Salt Lake City, UT 84190
at City or other location, and state or county

Jeannie Edens

Printed Name

Jeannie Edens Digitally signed by Jeannie Edens
Date: 2024.01.08 14:39:27 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Jodi Delaney Division of Behavioral Health Services 8015058074
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State ST suite S2300

Covered Person's County Address/Volunteer's Address

B. Blomquist Hale Solutions
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Employee - Therapist

Covered person's status, relationship or commitment to the institution, entity, business or person named above

310 E 4500 S 84107

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am an employee of the above Company. I do not engage in any activities related to the procurement of contracts. I am not aware of any relationship to Salt Lake County and I do not believe there is any conflict of interest.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 8 day of January, 2024
Date Month Year

Salt Lake County
at _____
City or other location, and state or county

Jodi Delaney
Printed Name
Jodi Delaney Digitally signed by Jodi Delaney
Date: 2024.01.08 16:06:34 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Nancy Kessel Contract Compliance Auditor 385-468-4748
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State St., Ste S2-300, SLC, UT 84114-4575

Covered Person's County Address/Volunteer's Address

B. Salt Lake County Aging and Adult Services Meals on Wheels Program
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Volunteer

Covered person's status, relationship or commitment to the institution, entity, business or person named above

2001 S. State St., Ste. S1-600, SLC, UT 84114-4575

Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

There is no conflict or potential conflict of interest. I simply volunteer to deliver meals on my own time.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 8th day of January, 2024
Date Month Year

Salt Lake City, UT
at City or other location, and state or county

Nancy Kessel
Printed Name
Nancy Kessel Digitally signed by Nancy Kessel
Date: 2024.01.08 13:28:20 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Vicky Westmoreland QA Coordinator 385.468.4722
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street S2-300 SLC, UT 84190

Covered Person's County Address/Volunteer's Address

B. Center for Resiliency and Recovery

Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Covered person's status, relationship or commitment to the institution, entity, business or person named above

1345 East 3900 South St 102D SLC, UT 84124-1474 ph: 801.542.0933

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I am the owner of the Center for Resiliency and Recovery (CRR) and am a part time therapist in my practice. I provide services for Medicaid funded clients at CRR. Some of these Medicaid funded clients have Optum Medicaid as their behavioral health insurance. Optum contracts with SL County. There are no none conflicts with my QA coordinator duties.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 8 day of January, 2024
Date Month Year

SLC Utah Salt Lake County
at _____
City or other location, and state or county

Vicky Westmoreland

Printed Name
[Signature]
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Charles R Barret Behavioral Health Services 385-468-4726
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St. S 2300; Salt Lake City, UT 84190

Covered Person's County Address/Volunteer's Address

B. LifeLine Behavioral Health
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Controller Part Time

Covered person's status, relationship or commitment to the institution, entity, business or person named above

1130 W. Center St.; North Salt Lake, UT 84054

Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Do accounting; which includes: reconciliations, accounts payable, journal entries, analytics in billing and costing, and preparation of financial statements

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 05 day of February, 2024
Date Month Year

2001 S State St. S 2300; SLC, UT 84190
at City or other location, and state or county

Ray Barrett

Printed Name

Ray Barrett

Digitally signed by Ray Barrett
Date: 2024.02.05 13:55:01 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. Lauren Syphus Salt Lake County Division of Behavioral Health Service: 385-468-4715
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street S2-300, PO Box 144575, Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. BetterHelp.com
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Independent Contractor

Covered person's status, relationship or commitment to the institution, entity, business or person named above

990 Villa St., Mountain View, CA 94041

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

There are no conflicts.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 18 day of January, 2024
Date Month Year

at Salt Lake City, UT
City or other location, and state or county

Lauren Syphus
Printed Name
Lauren Syphus Digitally signed by Lauren Syphus
Date: 2024.01.18 15:02:21 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. *(Type or print all information.)*

A. Lauren Syphus Salt Lake County Division of Behavioral Health 385-468-4715
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
4131 S. Sunny Park Lane, West Valley, UT 84119

Covered Person's County Address/Volunteer's Address

B. University of Utah Hospital
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

PRN Employment

Covered person's status, relationship or commitment to the institution, entity, business or person named above

50 Medical Drive N. Salt Lake City, UT 84132

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. *(This disclosure statement will not be accepted as valid unless this section is completed.)*

None.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 18 day of January, 2024
Date Month Year

Salt Lake City, UT
at City or other location, and state or county

Lauren Syphus
Printed Name
Lauren Syphus Digitally signed by Lauren Syphus
Date: 2024.01.18 14:58:02 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.